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| Patients Name:      |
| DOB:                |
| NHS No:             |
| Date of Assessment: |

**National Framework for NHS Continuing Healthcare and  
NHS Funded Nursing Care**

**Decision Support Tool**

This document is an integral part of the assessment of an individual’s eligibility for NHS  
continuing healthcare, funded nursing care and residential care

**Once fully completed, this document should be sent by FAX or EMAIL to**

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| <p>WOLVERHAMPTON CITY PCT</p> <p>Continuing Healthcare &amp; Funded Nursing Care Team</p>  |
| <p><b>Enquiries to:</b></p> <p><b>Continuing Healthcare &amp; Funded Nursing Care Team can be made to:</b></p> <p>Lead Nurse CHC/FNC – 01902 444831<br/>Continuing Care Manager – 01902 444858<br/>Business Manager - 01902 442471</p> |

**TYPE OF ASSESSMENT (PLEASE TICK)**

|                                   |  |               |  |
|-----------------------------------|--|---------------|--|
| <b>NEW ASSESSMENT</b>             |  | <b>REVIEW</b> |  |
| <b>CHANGE IN HEALTH<br/>NEEDS</b> |  | <b>APPEAL</b> |  |

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**Decision Support Tool for NHS Continuing Healthcare Section 1 – Personal Details**

|  |            |
|--|------------|
| <b>Date of completion of Decision Support Tool</b> |            |
| <b>Client Name:</b>                                | <b>DOB</b> |
| <b>NHS Number:</b>                                 |            |

|   |   |
|---|---|
| <b>Permanent Address and Telephone Number</b> | <b>Current Residence (if not permanent address)</b> |
| Tel:  | Tel:  |

Gender \_\_\_\_\_

**Please ensure that the equality monitoring form at the end of the DST is completed**

|  |  |
|--|--|
| <b>Was the individual involved in the completion of the DST?</b>   | <b>Yes/No (please delete as appropriate)</b> |
| <b>Was the individual offered the opportunity to have a representative such as a family member or other advocate present when the DST was completed?</b> | <b>Yes/No (please delete as appropriate)</b> |
| <b>If yes, did the representative attend the completion of the DST?</b>  | <b>Yes/No (please delete as appropriate)</b> |

**Please give the contact details of the representative (name, address and telephone number)**

| <b>Name</b> | <b>Position/ Relationship</b> | <b>Tel No</b> | <b>Address</b> | <b>Signature</b> | <b>Date</b> |
|-------------|-------------------------------|---------------|----------------|------------------|-------------|
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**Summary**

Summary pen portrait of the individual's situation, relevant history and current needs, including clinical summary and identified significant risks, drawn from the multidisciplinary assessment:

**Individual's view of their care needs and whether they consider that the multidisciplinary assessment accurately reflects these:**

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Please note below whether and how the individual (or their representative) contributed to the assessment of their needs. If they were not involved, please record whether they were not invited or whether they declined to participate.

**Please list the assessments and other key evidence that were taken into account in completing the DST, including the dates of the assessments:**

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**Assessors' (including MDT members) name/address/contact details noting lead coordinator:**

**Please ensure there are more than 1 members involved in assessment, wherever possible**

| Name | Position | Tel No | Location<br>Email | Signature | Date |
|------|----------|--------|-------------------|-----------|------|
|      |          |        |                   |           |      |
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**PLEASE DENOTE LEAD CO-ORDINATOR WITH AN ASTERISK \***

**Contact details of GP and other key professionals involved in the care of the individual:**

| Name | Position | Tel No | Address/ Location | Signature | Date |
|------|----------|--------|-------------------|-----------|------|
|      |          |        |                   |           |      |
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**Decision Support Tool for NHS Continuing Healthcare Section 2 – Care Domains**

Please refer to the user notes

**1. Behaviour:** Human behaviour is complex, hard to categorise, and may be difficult to manage.

Challenging behaviour in this domain includes but is not limited to:

- aggression, violence or passive non-aggressive behaviour
- severe disinhibition
- intractable noisiness or restlessness
- resistance to necessary care and treatment (this may therefore include non-concordance and non-compliance, but see note below)
- severe fluctuations in mental state
- extreme frustration associated with communication difficulties
- inappropriate interference with others
- identified high risk of suicide

The assessment of needs of an individual with serious behavioural issues will usually have included a specialist assessment which includes an overall consideration of the risk(s) **to themselves, others or property** with specific attention to aggression, self-harm and self-neglect and any other behaviour(s).

|   |  |
|---|--|
| <p><b>1. Describe the actual needs of the individual, including any episodic needs. Provide the evidence that informs the decision overleaf on which level is appropriate, such as the times and situations when the behaviour to likely to be performed across a range of typical daily routines and the frequency, duration and impact of the behaviour.</b></p> <p><b>2. Note any overlap with other domains.</b></p> <p><b>3. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/>(please circle)</p> <p>Care Home notes</p> <p>Specialist MDT reports (ie SALT, OT, Consultant)</p> <p>Hospital/Medical notes</p> <p>Client</p> <p>Observation</p> <p>NoK</p> <p>Carers</p> <p>Other – please specify</p> |
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## Decision Support Tool for NHS Continuing Healthcare Section 2 – Care Domains

### 1. Behaviour

| Description  | Level of need |
|--|---------------|
| No evidence of 'challenging' behaviour.  | No needs      |
| Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self or others or a barrier to intervention. The person is compliant with all aspects of their care.   | Low           |
| 'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self or others. The person is nearly always compliant with care. | Moderate      |
| 'Challenging' behaviour that poses a predictable risk to self or others. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.  | High          |
| 'Challenging' behaviour of severity and/or frequency that poses a significant risk to self and/or others. The risk assessment identifies that the behaviour(s) require(s) a prompt and skilled response that might be outside the range of planned interventions.  | Severe        |
| 'Challenging' behaviour of a severity and/or frequency and/or unpredictability that presents an immediate and serious risk to self and/or others. The risks are so serious that they require access to an immediate and skilled response at all times for safe care.   | Priority      |

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Please refer to the user notes

**2. Cognition:** This may apply to, but is not limited to, individuals with learning disability and/or acquired and degenerative disorders. Where cognitive impairment is identified in the assessment of need, active consideration should be given to referral to an appropriate specialist if one is not already involved.

**Please refer to the National Framework guidance about the need to apply the principles of the Mental Capacity Act in every case where there is a question about a person's capacity. The principles of the Act should also be applied to all considerations of the individual's ability to make decisions and choices.**

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| <p><b>1. Describe the actual needs of the individual (including episodic and fluctuating needs), providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Where cognitive impairment has an impact on behaviour, take this into account in the behaviour domain, so that the interaction between the two domains is clear.</b></p> <p><b>3. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (e.g. SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
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### 2. Cognition

| Description   | Level of need |
|---|---------------|
| No evidence of impairment, confusion or disorientation.   | No needs      |
| Cognitive impairment (for example difficulties in retrieving short-term memory) which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident.<br><br><b>OR</b><br><br>Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.   | Low           |
| Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident. The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.   | Moderate      |
| Cognitive impairment that could include marked short-term memory issues and maybe disorientation in time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make choices appropriate to need on a limited range of issues they are unable to do so on most issues, even with supervision, prompting or assistance. The individual finds it difficult even with supervision, prompting or assistance to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration. | High          |
| Cognitive impairment that may include, in addition to any short-term memory issues, problems with long-term memory or severe disorientation. The individual is unable to assess basic risks even with supervision, prompting or assistance, and is dependent on others to anticipate even basic needs and to protect them from harm, neglect or health deterioration.   | Severe        |

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**3. Psychological and Emotional Needs:** There should be evidence of considering psychological needs and their impact on the individual's health and well-being. Use this domain to record the individual's psychological and emotional needs and how they contribute to the overall care needs, noting the underlying causes. Where the individual is unable to express their psychological/emotional needs (even with appropriate support) due to the nature of their overall needs, this should be recorded and a professional judgement made based on the overall evidence and knowledge of the individual.

|   |   |
|---|---|
| <p><b>1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
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#### 3. Psychological and Emotional Needs

| Description  | Level of need |
|--|---------------|
| Psychological and emotional needs are not having an impact on their health and well-being.   | No needs      |
| Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance.<br><br><b>OR</b><br><br>Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities.     | Low           |
| Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which do not readily respond to prompts and reassurance and have an increasing impact on the individual's health and/or well-being.<br><br><b>OR</b><br><br>Withdrawn from most attempts to engage them in care planning, support and/or daily activities. | Moderate      |
| Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, that have a severe impact on the individual's health and/or well-being.<br><br><b>OR</b><br><br>Withdrawn from any attempts to engage them in care planning, support and/ or daily activities.   | High          |

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**4. Communication:** If individuals have communication needs these should be reflected in the MDT assessment. This section relates to difficulties with expression and understanding, not with the interpretation of language.

|   |   |
|---|---|
| <p><b>1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
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### 4. Communication

| Description  | Level of need |
|--|---------------|
| Able to communicate clearly, verbally or non-verbally. Has a good understanding of their primary language. May require translation if English is not their first language.   | No needs      |
| Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.   | Low           |
| Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual. | Moderate      |
| Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to do so have been taken. The person has to have most of their needs anticipated because of their inability to communicate them.                                      | High          |

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**5. Mobility:** This section considers individuals with impaired mobility. Please take other mobility issues such as wandering into account in the behaviour domain where relevant. Where mobility problems are indicated, an up-to-date Moving and Handling and Falls Risk Assessment should exist or have been undertaken as part of the assessment process (in line with section 6.14 of the National Service Framework for Older People, 2001), and the impact and likelihood of any risk factors considered.

|   |   |
|---|---|
| <p><b>1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, with reference to movement and handling and falls risk assessments where relevant. Describe the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
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**5. Mobility**

| Description   | Level of need |
|---|---------------|
| Independently mobile  | No needs      |
| Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.  | Low           |
| Not able to consistently weight bear.<br><br><b>OR</b><br>Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning.<br><br><b>OR</b><br>In one position (bed or chair) for the majority of time but is able to cooperate and assist carers or care workers.  | Moderate      |
| Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning.<br><br><b>OR</b><br>Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate.<br><br><b>OR</b><br>At a high risk of falls (as evidenced in a falls risk assessment).<br><br><b>OR</b><br>Involuntary spasms or contractures placing themselves and carers or care workers at risk. | High          |
| Completely immobile and/or clinical condition such that, in either case, on movement or transfer there is a high risk of serious physical harm and where the positioning is critical.   | Severe        |

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**6. Nutrition – Food and Drink:** Individuals at risk of malnutrition, dehydration and/or aspiration should either have an existing assessment of these needs or have had one carried out as part of the assessment process with any management and risk factors supported by a management plan.

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|---|---|
| <p><b>1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p>Care Home notes</p> <p>Specialist MDT reports (ie SALT, OT, Consultant)</p> <p>Hospital/Medical notes</p> <p>Client</p> <p>Observation</p> <p>NoK</p> <p>Carers</p> <p>Other – please specify</p> |
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### 6. Nutrition – Food and Drink

| Description   | Level of need |
|---|---------------|
| Able to take adequate food and drink by mouth to meet all nutritional requirements.   | No needs      |
| Needs supervision, prompting with meals, or may need feeding and/or a special diet.<br><b>OR</b><br>Able to take food and drink by mouth but requires additional/supplementary feeding.   | Low           |
| Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed.<br><b>OR</b><br>Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.   | Moderate      |
| Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway.<br><b>OR</b><br>Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers.<br><b>OR</b><br>Nutritional status “at risk” and may be associated with unintended, significant weight loss.<br><b>OR</b><br>Significant weight loss or gain due to identified eating disorder.<br><b>OR</b><br>Problems relating to a feeding device (for example PEG.) that require skilled assessment and review. | High          |
| Unable to take food and drink by mouth. All nutritional requirements taken by artificial means requiring ongoing skilled professional intervention or monitoring over a 24 hour period to ensure nutrition/hydration, for example I.V. fluids.<br><b>OR</b><br>Unable to take food and drink by mouth, intervention inappropriate or impossible.  | Severe        |

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**7. Continence:** Where continence problems are identified, a full continence assessment exists or has been undertaken as part of the assessment process, any underlying conditions identified, and the impact and likelihood of any risk factors evaluated.

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| <p><b>1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Take into account any aspect of continence care associated with behaviour in the Behaviour domain.</b></p> <p><b>3. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
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### 7. Continence

| Description   | Level of need |
|---|---------------|
| Continent of urine and faeces.  | No needs      |
| Continence care is routine on a day-to-day basis; Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc.<br><br><b>AND</b> is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence. | Low           |
| Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation.   | Moderate      |
| Continence care is problematic and requires timely and skilled intervention, beyond routine care.   | High          |

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**8. Skin (including tissue viability):** Evidence of wounds should derive from a wound assessment chart or tissue viability assessment completed by an appropriate professional. Here, a skin condition is taken to mean any condition which affects or has the potential to affect the integrity of the skin.

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|---|---|
| <p><b>1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
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### 8. Skin (including tissue viability)

| Description   | Level of need |
|---|---------------|
| No risk of pressure damage or skin condition.   | No needs      |
| Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down.<br><b>OR</b><br>Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound.<br><b>OR</b><br>A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.  | Low           |
| Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down.<br><b>OR</b><br>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.<br><b>OR</b><br>A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.  | Moderate      |
| Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment<br><b>OR</b><br>Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is/are responding to treatment.<br><b>OR</b><br>Specialist dressing regime in place; responding to treatment.  | High          |
| Open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule' which are not responding to treatment and require a minimum of daily monitoring/reassessment.<br><b>OR</b><br>Open wound(s), pressure ulcer(s) with 'full thickness skin loss with extensive destruction and tissue necrosis extending to underlying bone, tendon or joint capsule' or above<br><b>OR</b><br>Multiple wounds which are not responding to treatment. | Severe        |

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**9. Breathing**

|  |  |
|--|--|
| <p><b>1. Describe below the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> |
| <p><b>2. Circle the assessed level overleaf.</b></p>   | <p><b>Care Home notes</b></p>                                  |
|  | <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> |
|  | <p><b>Hospital/Medical notes</b></p>                           |
|  | <p><b>Client</b></p>   |
|  | <p><b>Observation</b></p>                                      |
|  | <p><b>NoK</b></p>  |
|  | <p><b>Carers</b></p>   |
|  | <p><b>Other – please specify</b></p>                           |

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### 9. Breathing

| Description  | Level of need |
|--|---------------|
| Normal breathing, no issues with shortness of breath.  | No needs      |
| Shortness of breath which may require the use of inhalers or a nebuliser and has no impact on daily living activities.<br><br><b>OR</b><br><br>Episodes of breathlessness that readily respond to management and have no impact on daily living activities.  | Low           |
| Shortness of breath which may require the use of inhalers or a nebuliser and limit some daily living activities.<br><br><b>OR</b><br><br>Episodes of breathlessness that do not respond to management and limit some daily living activities.<br><br><b>OR</b><br><br>Requires any of the following: <ul style="list-style-type: none"><li>• low level oxygen therapy (24%).</li><li>• room air ventilators via a facial or nasal mask.</li><li>• other therapeutic appliances to maintain airflow.</li></ul><br><b>OR</b><br>CPAP (Continuous Positive Airways Pressure). | Moderate      |
| Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers.<br><br><b>OR</b><br><br>Breathlessness due to a condition which is not responding to treatment and limits all daily living activities.  | High          |
| Difficulty in breathing, even through a tracheotomy, which requires suction to maintain airway.<br><br><b>OR</b><br><br>Demonstrates severe breathing difficulties at rest, in spite of maximum medical therapy.   | Severe        |
| Unable to breathe independently, requires invasive mechanical ventilation.   | Priority      |

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**10. Drug Therapies and Medication: Symptom Control:** The individual's experience of how their symptoms are managed and the intensity of those symptoms is an important factor in determining the level of need in this area. Where this affects other aspects of their life, please refer to the other domains, especially the psychological and emotional domain. The location of care will influence who gives the medication. In determining the level of need, it is the knowledge and skill required to manage the clinical need and the interaction of the medication in relation to the need that is the determining factor. In some situations, an individual or their carer will be managing their own medication and this can require a high level of skill. References below to medication being required to be administered by a registered nurse do not include where such administration is purely a registration or practice requirement of the care setting (such as a care home requiring all medication to be administered by a registered nurse).

|  |   |
|--|---|
| <p><b>1. Describe below the actual needs of the individual and provide the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
|--|---|

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**Decision Support Tool for NHS Continuing Healthcare Section 2 – Care Domains**

Please refer to the user notes

**10. Drug Therapies and Medication: Symptom Control**

| Description   | Level of need |
|---|---------------|
| Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.  | No needs      |
| <p>Requires supervision/administration of and/or prompting with medication or may have a physical, mental state or cognitive impairment requiring support to take medication, but shows compliance with medication regime.</p> <p><b>OR</b></p> <p>Mild pain that is predictable and/or is associated with certain activities of daily living. Pain and other symptoms do not have an impact on the provision of care.</p>  | Low           |
| <p>Requires the administration of medication due to:</p> <ul style="list-style-type: none"> <li>• non-concordance or non-compliance,</li> <li>• type of medication (for example insulin), or</li> <li>• route of medication (for example PEG, liquid medication).</li> </ul> <p><b>OR</b></p> <p>Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.</p>  | Moderate      |
| <p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage.</p> <p><b>OR</b></p> <p>Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.</p>   | High          |
| <p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. Even with such monitoring the condition is usually problematic to manage.</p> <p><b>OR</b></p> <p>Severe recurrent or constant pain which is not responding to treatment.</p> <p><b>OR</b></p> <p>Risk of non-concordance with medication, placing them at risk of relapse.</p> | Severe        |
| <p>Has a drug regime that requires daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and/or deteriorating condition.</p> <p><b>OR</b></p> <p>Unremitting and overwhelming pain despite all efforts to control pain effectively.</p>   | Priority      |

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**Decision Support Tool for NHS Continuing Healthcare Section 2 – Care Domains**

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**11. Altered States of Consciousness (ASC):** ASCs can include a range of conditions that affect consciousness including Transient Ischemic Attacks (TIAs), Epilepsy and Vasovagal Syncope

|   |  |
|---|--|
| <p><b>1. Describe below the actual needs of the individual providing the evidence that informs the decision overleaf on which level is appropriate (referring to appropriate risk assessments), including the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p>   |
| <p><b>2. Circle the assessed level overleaf.</b></p>  | <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |

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**Decision Support Tool for NHS Continuing Healthcare Section 2 – Care Domains**

Please refer to the user notes

**11. Altered States of Consciousness (ASC)**

| <b>Description</b>  | <b>Level of need</b> |
|---|----------------------|
| No evidence of altered states of consciousness (ASC).   | No needs             |
| History of ASC but it is effectively managed and there is a low risk of harm.   | Low                  |
| Occasional episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.   | Moderate             |
| Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.<br><br><b>OR</b><br><br>Occasional ASCs that require skilled intervention to reduce the risk of harm. | High                 |
| Coma.<br><br><b>OR</b><br><br>ASC that occur on most days, do not respond to preventative treatment, and result in a severe risk of harm.   | Priority             |

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### Decision Support Tool for NHS Continuing Healthcare Section 2 – Care Domains

Please refer to the user notes

**12. Other significant care needs to be taken into consideration:** There may be circumstances, on a case-by-case basis, where an individual may have particular needs which do not fall into the care domains described above. If the boxes within each domain that give space for explanatory notes are not sufficient to document all needs, it is the responsibility of the assessors to determine and record the extent and type of these needs here. The severity of this need and its impact on the individual need to be weighted, using the professional judgement of the assessors, in a similar way to the other domains. This weighting also needs to be used in the final decision.

|   |   |
|---|---|
| <p><b>1. Enter below a brief description of the actual needs of the individual, including providing the evidence why the level in the table overleaf has been chosen (referring to appropriate risk assessments), and referring to the frequency and intensity of need, unpredictability, deterioration and any instability.</b></p> <p><b>2. Circle the assessed level overleaf.</b></p> | <p><b>Source of information</b><br/><b>(please circle)</b></p> <p><b>Care Home notes</b></p> <p><b>Specialist MDT reports (ie SALT, OT, Consultant)</b></p> <p><b>Hospital/Medical notes</b></p> <p><b>Client</b></p> <p><b>Observation</b></p> <p><b>NoK</b></p> <p><b>Carers</b></p> <p><b>Other – please specify</b></p> |
|---|---|

| Description | Level of need |
|-------------|---------------|
|             | Low           |
|             | Moderate      |
|             | High          |
|             | Severe        |

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**Decision Support Tool for NHS Continuing Healthcare Section 2 – Care Domains**

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**Assessed Levels of Need**

| Care Domain  | P | S | H | M | L | N |
|--|---|---|---|---|---|---|
| Behaviour  |   |   |   |   |   |   |
| Cognition  |   |   |   |   |   |   |
| Psychological Needs                                |   |   |   |   |   |   |
| Communication                                      |   |   |   |   |   |   |
| Mobility   |   |   |   |   |   |   |
| Nutrition – Food & Drink                           |   |   |   |   |   |   |
| Continence   |   |   |   |   |   |   |
| Skin (including tissue viability)                  |   |   |   |   |   |   |
| Breathing  |   |   |   |   |   |   |
| Drug Therapies & Medication                        |   |   |   |   |   |   |
| Altered States of Consciousness                    |   |   |   |   |   |   |
| <b>Other significant care need (see box above)</b> |   |   |   |   |   |   |
| <b>Totals</b>                                      |   |   |   |   |   |   |

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**Please note below any views of the individual on the completion of the DST that have not been recorded above, including whether they agree with the domain levels selected. Where they disagree, this should be recorded below, including the reasons for their disagreement. Where the individual is represented or supported by a carer or advocate, their understanding of the individual's views should be recorded.**

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### Decision Support Tool for NHS Continuing Healthcare Section 3 – Recommendation

Please refer to the user notes

#### Recommendation of the multidisciplinary team filling in the DST

Please give a recommendation on the next page as to whether or not the individual is eligible for NHS continuing healthcare. This should take into account the range and levels of need recorded in the Decision Support Tool and what this tells you about whether the individual's primary need is for healthcare. Any disagreement on levels used or areas where needs have been counted against more than one domain should be highlighted here. Reaching a recommendation on whether the individual's primary needs are health needs should include consideration of:

- **Nature:** This describes the particular characteristics of an individual's needs (which can include physical, mental health, or psychological needs), and the type of those needs. This also describes the overall effect of those needs on the individual, including the type ('quality') of interventions required to manage them.
- **Intensity:** This relates to both the extent ('quantity') and severity (degree) of the needs and the support required to meet them, including the need for sustained/ ongoing care ('continuity').
- **Complexity:** This is concerned with how the needs present and interact to increase the skill needed to monitor the symptoms, treat the condition(s) and/or manage the care. This can arise with a single condition or can also include the presence of multiple conditions or the interactions between two or more conditions.
- **Unpredictability:** This describes the degree to which needs fluctuate, creating challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, or unstable or rapidly deteriorating condition.

Each of these characteristics may, in combination or alone, demonstrate a primary health need, because of the quality and/or quantity of care required to meet the individual's needs.

Also please indicate whether needs are expected to change (in terms of deterioration or improvement) before the case is next reviewed. If so, please state why and what needs you think will be different and therefore whether you are recommending that eligibility should be agreed now or that an early review date should be set.

Where there is no eligibility for NHS continuing healthcare and the assessment and care plan, as agreed with the individual, indicates the need for support in a care home setting, the team should indicate whether there is the need for registered nursing care in the care home, giving a clear rationale based on the evidence above.

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**Decision Support Tool for NHS Continuing Healthcare Section 3 – Recommendation**

Please refer to the user notes

Recommendation on eligibility for NHS continuing healthcare detailing the conclusions on the issues outlined on the previous page:

|  |                          |
|--|--------------------------|
|  |                          |
| Eligible for consideration of NHS Continuing Healthcare  | <input type="checkbox"/> |
| Eligible for consideration of NHS Funded Nursing Care<br><i>(only applicable for clients requiring nursing home or respite placements)</i> | <input type="checkbox"/> |
| Eligible for consideration of Social Care package with mainstream NHS services (ie, District Nursing)                                      | <input type="checkbox"/> |

**Names and signature of the team**

**Date**

|  |  |
|--|--|
|  |  |
|--|--|

## Decision Support Tool for NHS Continuing Healthcare Section 3 – Recommendation

Please refer to the user note

### About you – equality monitoring

Please provide us with some information about yourself. This will help us to understand whether everyone is receiving fair and equal access to NHS continuing healthcare. All the information you provide will be kept completely confidential. No identifiable information about you will be passed on to any other bodies, members of the public or press.

**1** What is your sex?

Tick one box only.

- Male
- Female
- Transgender

**2** Which age group applies to you?

Tick one box only.

- 0–15
- 16–24
- 25–34
- 35–44
- 45–54
- 55–64
- 65–74
- 75–84
- 85+

**3** Do you have a disability as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

The Disability Discrimination Act (DDA) defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

- Yes
- No

**4** What is your ethnic group?

Tick one box only.

- A White**
- British
  - Irish

Any other White background, write below

**B Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian

Any other Mixed background, write below

**C Asian, or Asian British**

- Indian
- Pakistani
- Bangladeshi

Any other Asian background, write below

**D Black, or Black British**

- Caribbean
- African

Any other Black background, write below

**E Chinese, or other ethnic group**

- Chinese

Any other, write below

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## Decision Support Tool for NHS Continuing Healthcare Section 3 – Recommendation

Please refer to the user note

**5** What is your religion or belief?

Tick one box only.

Christian includes Church of Wales,  
Catholic, Protestant and all other Christian  
denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Other, write below

**6** Which of the following best describes  
your sexual orientation?

Tick one box only.

Only answer this question if you are aged  
16 years or over.

- Heterosexual/Straight
- Lesbian/Gay Woman
- Gay man
- Bisexual
- Prefer not to answer

Other, write below